Conclusion

The rapid increase in the elderly population will mean a rapid rise in the numbers of people suffering from non-communicable diseases. Maintaining health and quality of life in an aging population will pose a social and economic challenge for policy makers, the society and individuals alike. There is a need for strong political will and commitment for policies and strategies to prevent risk factors and reduce the burden of morbidity and mortality from non-communicable diseases in the Region. Only then can Member Countries hope to significantly improve the quality of life of their communities and reap the benefits of development.

News-Item "Ayurvedic, Herbal Markets Slack..."

4132. SHRI P. PRABHAKAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-items captioned, "Ayurvedic, herbal markets slack: lack of initiative and awareness kills exports", which appeared in the Asian Age, dated the 9th April, 2002;

(b) if so, Government's reaction thereto; and

(c) the measures proposed to be adopted to address the problems raised in the news-item?

THE MINISTER OF STATE IN THE MINISTRY OF HEATLH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) Yes, Sir, Government is aware of the news-item published in Asian Age dated 9-4.2002. Government has taken various steps to promote export of Ayurvedic, herbal drugs preparations:

(i) Labelling provisions under the Drugs and Cosmetics Rules 1945 have been relaxed to meet the requirements of importing countries for marketing of Ayurvedic/herbal medicine in the importing countries.

(ii) Gazette Notification on Good Manufacturing Practices (GMP) In "schedule T" for Ayurvedic medicine has been notified which will improve the quality of medicine and help to meet the requirements for the importing countries.

(iii) Rule 60 (A) to (J) has been amended under the Drugs and Cosmetics Rules to recognize Public/Private drug Testing laboratories for testing

of Ayurvedic, Siddha and Unani drugs which will certify the quality of Ayurvedic/Herbal drugs.

(iv) Ayurvedic formulary and Pharmacopoeia have been published to bring uniformity and quality standard of Ayurvedic medicines.

(v) Medicinal Plants Board has been established to facilitate availability of Quality raw drugs for domestic and export products.

(vi) Market survey abroad has been supported.

(vii) Industry has been encouraged to participate in fairs and exhibitions abroad.

(viii) Government have also sent delegations abroad to help propagate our systems and drugs.

Effect on rural health system due to migration of Doctors

4133. SHRI KALRAJ MISHRA: will the Minsiter of HEALTH AND FAMILY WELFARE be pleased to state:

(a), whether due to migration of doctors to bigger cities the rural health system has been badly affected in the country;

(b) if so, whether the primary health centres are not effectively functioning in the rural areas of the country;

(c) whether Government in consultation with the State Governments proposed to strengthen the primary health centers in the country; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Government is aware of the gaps and shortages in the availability of trained health care providers in the primary health infra-structure in rural areas. There are many reasons for these shortages:

(i) Medical officer/specialists/trained health care providers are reluctant to serve in far-flung remote rural areas, the reason being lack of support system in these areas. Recruitment and postings of health personnel in health care institutions is the responsibility of respective state governments. However, this Ministry of Health and Family Welfare has been advising the state governments from time to time to see to it that vacancies are filled up on priority basis.